

Advanced Performance and Rehabilitation Services, Inc.

Physical Therapy Services

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"improving life, sport and work"

1/4/09

ATTN:

Anne Wolfinger, Project Manager

FROM:

Gary Lusin, PT, MS, LAT, CSCS

RE:

ODG Guidelines and Codes for Automated Approval

Hello Anne,

A couple of questions have come up on further review of the ODG guidelines.

One is the use of physical therapy literature, evidence-based literature and guidelines and their application to massage therapy, chiropractic, and occupational therapy. Each has a specific license and scope of practice as well as significantly different educational training, philosophy, and clinical application of examinations and interventions. From the PT perspective there is a significant difference in how modalities and procedures are applied, especially in the decision making process for their application. The question that has come up is how will the insurers and other providers be able to differentiate the application of what appear to be similar interventions, but in reality are very different.

From my perspective it may be the current fee schedule applied to PT, OT, and Chiro as it is clear none of the guidelines will address this. From my personal perspective this is an area that is not addressed well enough in any of the guidelines and is an important area to address with regard to quality treatment to injured workers at an efficient cost. I am not sure how to address this exactly.

The second area is in the Codes for Automated Approval section there are recommendations or acknowledgement of inclusion of treatment for injured workers that are not allowed in the Codes for Automated Approval Section but appear in the Procedure Summary Section. One example is in the Neck and Upper Back Disorders the Procedure Summary section indicates that home cervical traction is indicated for some cervical spine conditions but the automated codes do not have a code in it for us to provide this treatment. A second one is in the Procedure Summary ultrasound is suggested for use in a limited fashion (which actually coincides with the fee schedule we have) but is not in the automated code section.

There are other examples in each body part section.

The PT's I am working with are interested to know how this will actually be applied once these go into affect, assuming they will be approved by rule. Is there a possibility to

REHABILITATION

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- Upper Extremity
- Spine

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expand the Codes for Automated Approval to coincide with the Procedure Summary so we can provide treatment but not be subjected to unnecessary reviews and additional paper work? It seems to us that the Codes for Automated Approval should coincide with the Procedure Summary information as far as guideline treatment.

If codes can be added this may be an appropriate place to make a differentiation identified in our first concern above.

I really have no idea how to address this or whether this is anything the MPG should address. There may be other providers on the committee that have suggestions for their area of practice as well, I don't know. I hope in the process there will be a time to address the differences in the decision making process and the application of various modalities and procedures and that further clarification of those as provided by different providers can enhance the quality of care as well as the cost of care.

I am not sure how to proceed with this so am asking for your advice on what to do with these areas of concern. These concerns do not change our view of support for the ODG guidelines, but they do represent details of its potential application that could present problems and if we can address them now or along the way we would prefer to do that.

Thanks for all your help with this and please let me know your thoughts on the above concerns.

Gary